

# RADx Exec Comm Required CDEs2

It is expected that all research involving human subjects funded in the RADx program will collect information on these 12 concepts using these questions and specified response options.

Contact Patti Brennan (pattibrennan@nih.gov) with any questions.

## 1. Identity

Project-specific identifier \_\_\_\_\_

## 2A. Race

What is your race? Mark one or more boxes.

- ☐ American Indian or Alaska Native
  - ☐ Black or African American
  - ☐ Asian
  - ☐ Native Hawaiian or Other Pacific Islander
  - ☐ White
  - ☐ Some other race
- (Check all that apply)

## 2B. Ethnicity

Are you of Hispanic or Latino origin?

- ☐ Yes, of Hispanic or Latino origin
- ☐ No, not of Hispanic or Latino origin

## 3. Age

Age

For babies less than 1 year old, write 0 as the age.

\_\_\_\_\_  
(Years)

## 4. Sex

What is your biological sex assigned at birth?

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ None of these describe me

## 5. Education

How many years of education have you completed?

- ☐ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10  
☐ 11  
☐ 12  
☐ 13  
☐ 14  
☐ 15  
☐ 16  
☐ 17  
☐ 18  
☐ 19  
☐ 20 +

## 6. Domicile

What is your zip code?

(5-digit zip code)

## 7. Employment

Are you employed?

- ☐ Employed in a permanent position  
☐ Employed in a temporary position  
☐ Not currently employed

## 8. Insurance Status

What kind of health insurance do you have?

- ☐ Private insurance  
☐ Public insurance  
☐ None

## 9. Disability Status

Are you deaf or do you have serious difficulty hearing?

- ☐ Yes ☐ No

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- ☐ Yes ☐ No

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes ☐ No

Do you have serious difficulty walking or climbing stairs?

- ☐ Yes ☐ No

Do you have difficulty dressing or bathing?

- ☐ Yes ☐ No

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

☐ Yes ☐ No

## 10. Medical history

Vaping use

☐ Yes ☐ No

Nicotine use

☐ Yes ☐ No

Alcohol Use

☐ Yes ☐ No

Asthma

☐ Yes ☐ No

Cancer

☐ Yes ☐ No

Cardiovascular disease (CVD or heart disease)

☐ Yes ☐ No

Chronic kidney disease (CKD)

☐ Yes ☐ No

Chronic lung disease

☐ Yes ☐ No

Diabetes

☐ Yes ☐ No

Hypertension (HTN, high blood pressure)

☐ Yes ☐ No

Immunosuppressive condition

☐ Yes ☐ No

Serious mental illness

☐ Yes ☐ No

Sickle Cell Anemia

☐ Yes ☐ No

Pregnancy status

☐ Yes ☐ No

## 11. Symptoms

Cough

☐ Yes ☐ No

Fever

☐ Yes ☐ No

Shortness of breath or difficulty breathing

☐ Yes ☐ No

Headache

☐ Yes ☐ No

Muscle ache

☐ Yes ☐ No

New loss of taste or smell

☐ Yes ☐ No

Chills

☐ Yes ☐ No

Excessive fatigue

☐ Yes ☐ No

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Nausea/vomiting ☐ Yes ☐ No

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Diarrhea ☐ Yes ☐ No

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Abdominal Pain ☐ Yes ☐ No

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Skin Rash ☐ Yes ☐ No

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Conjunctivitis ☐ Yes ☐ No

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## 12. Health status

What is your height in feet and inches?

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Feet \_\_\_\_\_  
(feet)

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Inches \_\_\_\_\_  
(inches)

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What is your weight in pounds? \_\_\_\_\_  
(lbs)

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Would you say that (your) health in general is  
excellent, very good, good, fair, or poor?

☐ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor